

Physician's Orders

ALEMTUZUMAB (CAMPATH) FOR CHRONIC LUNG ALLOGRAFT DYSFUNCTION (CLAD) -

ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER

Page 1 of 3

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Site of Service

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> CH Blodgett (GR) | <input type="checkbox"/> CH Helen DeVos (GR) | <input type="checkbox"/> CH Ludington | <input type="checkbox"/> CH Reed City |
| <input type="checkbox"/> CH Gerber | <input type="checkbox"/> CH Lemmen Holton (GR) | <input type="checkbox"/> CH Pennock | <input type="checkbox"/> CH Zeeland |
| <input type="checkbox"/> CH Greenville | | | |

Treatment intent

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Conditioning | <input type="checkbox"/> Curative | <input type="checkbox"/> Mobilization | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Control | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Palliative | |

Types: NON-ONCOLOGY SUPPORTIVE CARE

Synonyms: ALEMTUZUMAB, CAMPATH, ALLOGRAFT, TRANSPLANT, CLAD, BOS, LUNG

Single Dose Alemtuzumab Repeat 1 time Cycle length: 1 day

Day 1

Perform every 1 day x 1

Appointment Requests

- ☒ **ONCBCN CALCULATED LENGTH INFUSION APPOINTMENT REQUEST 1**

Expected: S, Expires: S+365, 90 minutes (calculated), Schedule appointment at most 3 days before or 3 days after

Vitals

- ☒ **VITAL SIGNS**

Interval: EVERY 15 MIN

Comments: Vital signs (HR, BP, RR, temp, and pulse ox) prior to alemtuzumab then every 15 min x 2 and every 30 minutes x 3 after then routine.

Nursing Orders

- ☒ **ONC NURSING COMMUNICATION 33**

Interval: Until discontinued

Comments: ALEMTUZUMAB:
Check vital signs and pulse oximetry before dose then q 15 min X 2 and q 30 min X 3 after alemtuzumab

Assess for signs and symptoms of anaphylaxis q 15 min X 2 and q 30 min X 3 after alemtuzumab

Notify transplant physician or advance practice provider if the following occur: respiratory compromise (dyspnea, wheezing, bronchospasm, drop in oxygen saturation), systolic blood pressure less than 90 mm Hg, heart rate less than 60 bpm or greater than 120 bpm, temperature greater than 38°C/100.4°F, local skin reaction at injection site.

Monitor injection site after alemtuzumab for signs of local skin reaction.

CONTINUED ON PAGE 2 →

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

ALEMTUZUMAB (CAMPATH) FOR CHRONIC LUNG ALLOGRAFT DYSFUNCTION (CLAD) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

Page 2 of 3

Nursing Orders

● **ONC NURSING COMMUNICATION 100**

Interval: Until discontinued

Comments: May Initiate IV Catheter Patency Adult Protocol

● **Hypersensitivity Reaction Adult Oncology Protocol**

Interval: Until discontinued

Comments:

Routine. Until Discontinued Starting: when released for 24 hours

HYPERSENSITIVITY REACTIONS:

Discontinue the medication infusion immediately.

Activate emergency response for severe or rapidly progressing symptoms. Where available consider calling RAP and have crash cart available. Call 911 or code team (if applicable) as needed for an absence of pulse and respirations. Refer to site specific emergency response policy.

Stay with patient until symptoms have resolved.

Initiate/Continue Oxygen to maintain SpO2 greater than 90% and discontinue oxygen Therapy to maintain SpO2 above 90%

For severe or rapidly progressing hypersensitivity reaction symptoms, monitor vital signs and pulse oximeter readings every 2 to 5 minutes until the patient is stable and symptoms resolve.

Document medication infusing and approximate dose received at time of reaction in the patient medical record. Document allergy to medication attributed with causing reaction in patient medical record. Complete Adverse Drug Reaction form per Pharmacy Clinical Policy.

Pre-Medications

● **methyIPREDNISolone sodium succinate (SOLU-Medrol): CHOOSE ONE**

For patients NOT receiving pulse steroids: methyIPREDNISolone sodium succinate

○ **(SOLU-Medrol) injection**

Dose: 60 mg

Route: Intravenous

Occurrence: Once over 5 Minutes for 1 dose

Offset: 0 Hours

Instructions:

Administer 30 to 60 minutes prior to alemtuzumab

Refer to IV Push policy for maximum IV Push dose and rate. Do not administer doses greater than 125 mg by IV Push.

For patients receiving pulse steroids: methyIPREDNISolone sodium succinate

○ **(SOLU-Medrol) intravenous in sodium chloride 0.9% 250 mL**

Dose: 1,000 mg

Route: Intravenous

Occurrence: Once over 60 Minutes

(266 mL/min) for 1 dose

Offset: 0 Hours

Instructions:

Administer 60 minutes prior to alemtuzumab

Pre-Medications

ALEMTUZUMAB (CAMPATH) FOR CHRONIC LUNG ALLOGRAFT DYSFUNCTION (CLAD) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

Page 3 of 3

diphenhydrAMINE (BENADRYL) capsule 50 mg

Dose: 50 mg

Route: Oral

Occurrence: Once for 1 dose

Offset: 0 Hours

Instructions:

Administer 30 to 60 minutes prior to alemtuzumab

Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg

Route: Oral

Occurrence: Once for 1 dose

Offset: 0 Hours

Instructions:

Administer 30 to 60 minutes prior to alemtuzumab

Medications

alemtuzumab (CAMPATH) 30 MG/ML injection SOLN

Dose: 30 mg

Route: Subcutaneous

Occurrence: Once for 1 dose

Offset: 60 Minutes

Instructions:

Do not administer by IV push or IV bolus.
Protect from light.

Supportive Care

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg

Route: Intravenous

Occurrence: Every 4 hours PRN

Start: S

For itching and/or rash

Supportive Care

ondansetron (ZOFTRAN-ODT) disintegrating tab 4 mg

Dose: 4 mg

Route: Oral

Occurrence: Every 6 hours PRN

Start: S

For nausea and vomiting

For administration of oral disintegrating tablets, peel back foil on blister pack to expose tablet; do NOT push the tablet through the foil backing. Use dry hands to remove the tablet from the blister unit and immediately place the entire tablet in the mouth. Tablets disintegrate rapidly in saliva and can be swallowed with or without liquid.

ondansetron (ZOFTRAN) IV 4 mg

Dose: 4 mg

Route: Intravenous

Occurrence: Every 6 hours PRN

Start: S

For nausea and vomiting

If patient cannot tolerate ODT, may give IV Push.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
			R.N. Sign		Physician Print	Physician Sign

EPIC VERSION DATE:

X25309 (6/24) – Page 3 of 3 © Corewell Health